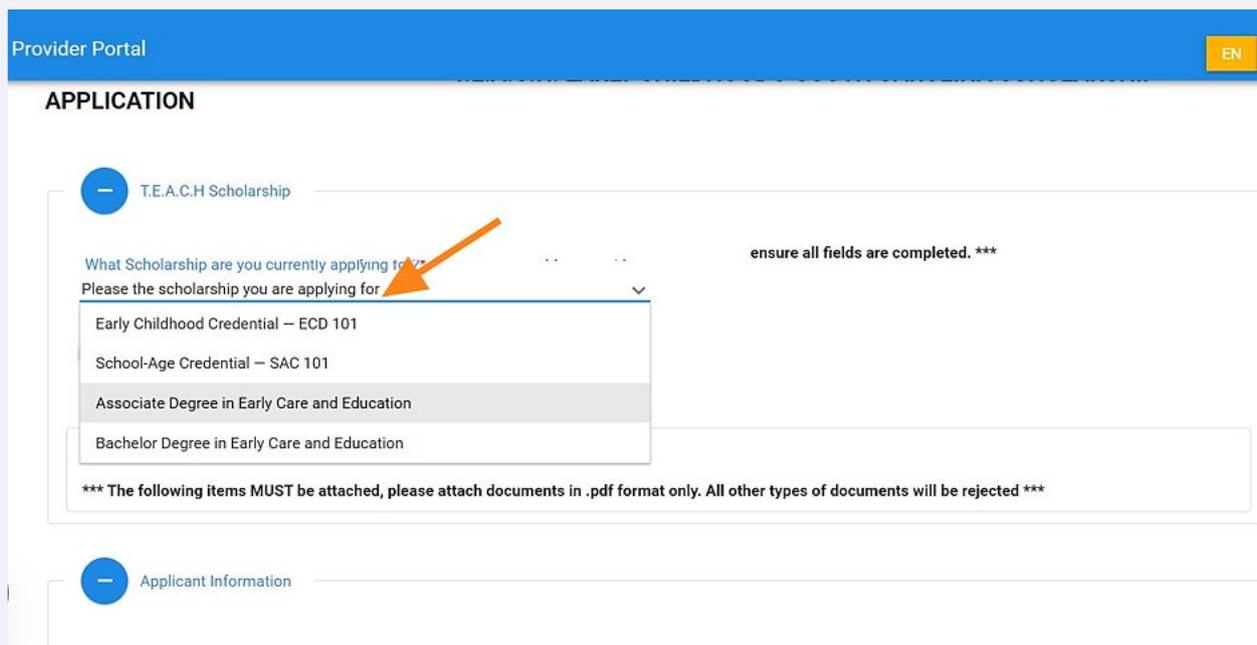


How to Apply for T.E.A.C.H. Early Childhood Education Scholarship

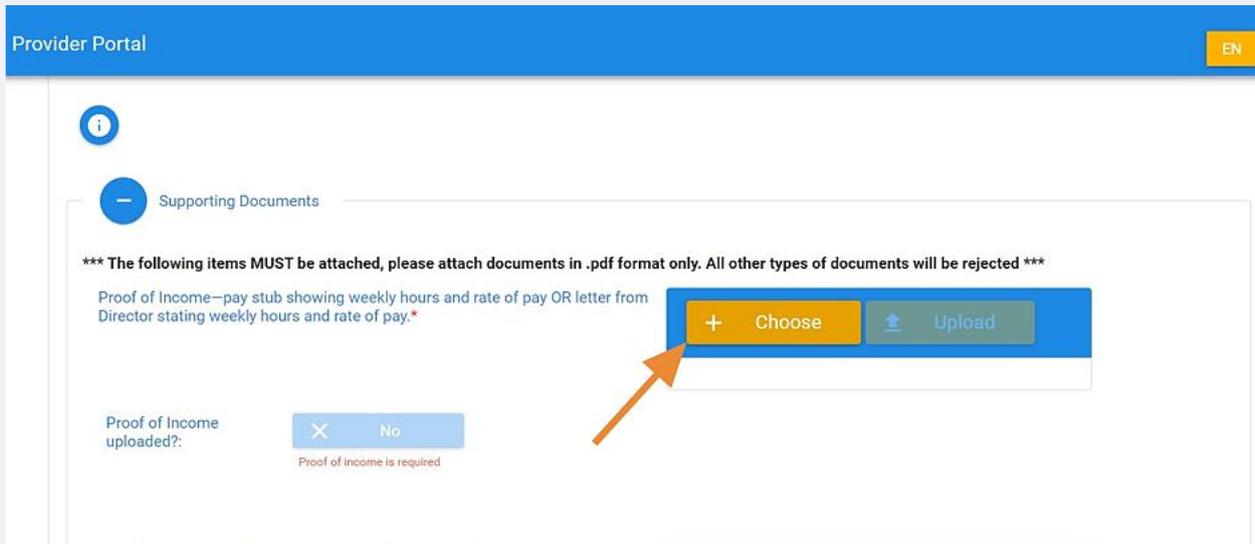
1 Navigate to providerportal.dss.sc.gov/#/dece/teach-apps/stu...

2 "Please select the scholarship you are applying for"

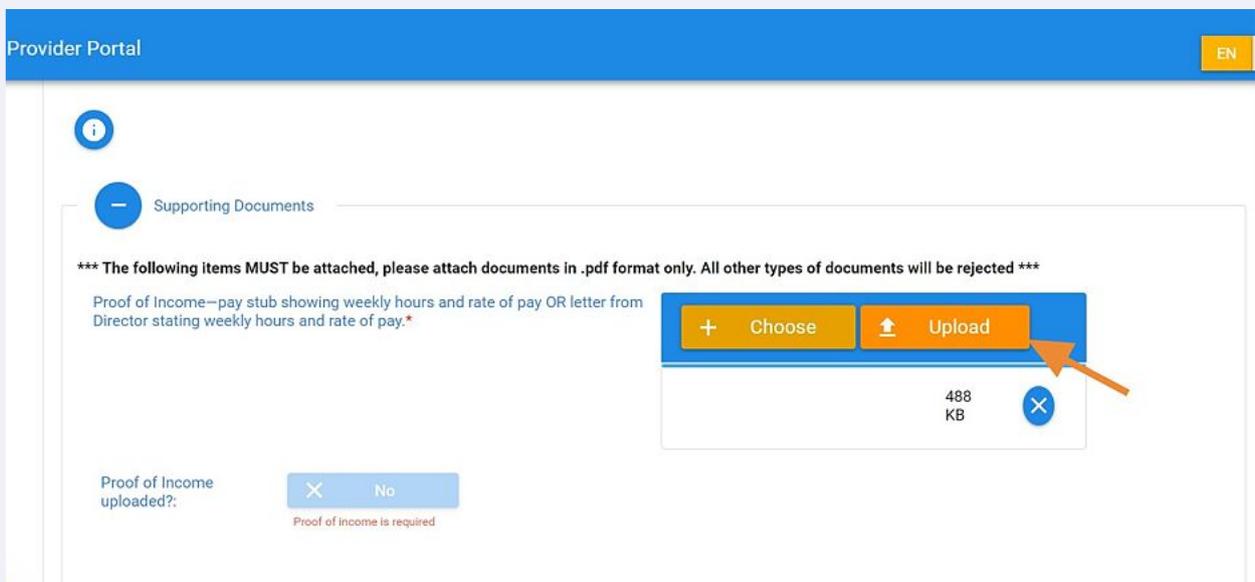


The screenshot shows the 'Provider Portal' interface. At the top, there is a blue header with 'Provider Portal' on the left and 'EN' on the right. Below the header, the word 'APPLICATION' is displayed in bold. The main content area is titled 'T.E.A.C.H Scholarship' and contains a dropdown menu with the label 'Please the scholarship you are applying for'. An orange arrow points to this dropdown menu. The dropdown menu is open, showing four options: 'Early Childhood Credential – ECD 101', 'School-Age Credential – SAC 101', 'Associate Degree in Early Care and Education', and 'Bachelor Degree in Early Care and Education'. To the right of the dropdown menu, the text 'ensure all fields are completed. ***' is visible. Below the dropdown menu, there is a note: '*** The following items MUST be attached, please attach documents in .pdf format only. All other types of documents will be rejected ***'. At the bottom of the form, there is a section titled 'Applicant Information'.

3 Please click here to upload your pay information



4 Click "Upload" to complete document upload.



5

Click here to upload additional documents. (fafsa, college acceptance letter and etc.)

The screenshot shows the 'Provider Portal' interface. At the top, there is a blue header with 'Provider Portal' on the left and 'EN' on the right. Below the header, there are two main sections. The first section is for 'Proof of Income' with the subtext 'Director stating weekly hours and rate of pay.*'. It features a '+ Choose' button and an 'Upload' button. Below these buttons, a document card shows '488 KB' and a close icon. The second section is for 'Proof you applied for financial aid—award letter or confirmation statement (apply at www.fafsa.gov).*'. It also features a '+ Choose' button and an 'Upload' button. An orange arrow points to the 'Choose' button in this section. At the bottom, there is a 'Proof of financial aid' section with a 'No' button.

6

Click "Upload" to complete document upload.

This screenshot is identical to the one above, showing the 'Provider Portal' interface. However, in the 'Proof you applied for financial aid' section, the 'Upload' button is now highlighted in orange, and an orange arrow points to it, indicating the next step in the process. The 'Choose' button remains unhighlighted.

7

Click the "XXX-XX-XXXX" to input your social security number

Provider Portal EN

Proof of financial aid— award letter or confirmation statement uploaded? Yes

Applicant Information

Social Security Number: * XXX-XX-XXXX Today's Date* 03/21/2023

Applicant First Name: * _____ Applicant Last Name: * _____ Applicant Preferred Name: * _____

Applicant Street Address: * _____

8

Input your first name and last name.

Provider Portal EN

Proof of financial aid— award letter or confirmation statement uploaded? Yes

Applicant Information

Social Security Number: * _____ Today's Date* 03/21/2023

Applicant First Name: * _____ Applicant Last Name: * _____ Applicant Preferred Name: * _____

Applicant Street Address: * _____

9 Input your "Full Street Address, County, and Telephone Number"

Provider Portal EN

Applicant Information

Social Security Number: * _____ Today's Date* 03/21/2023

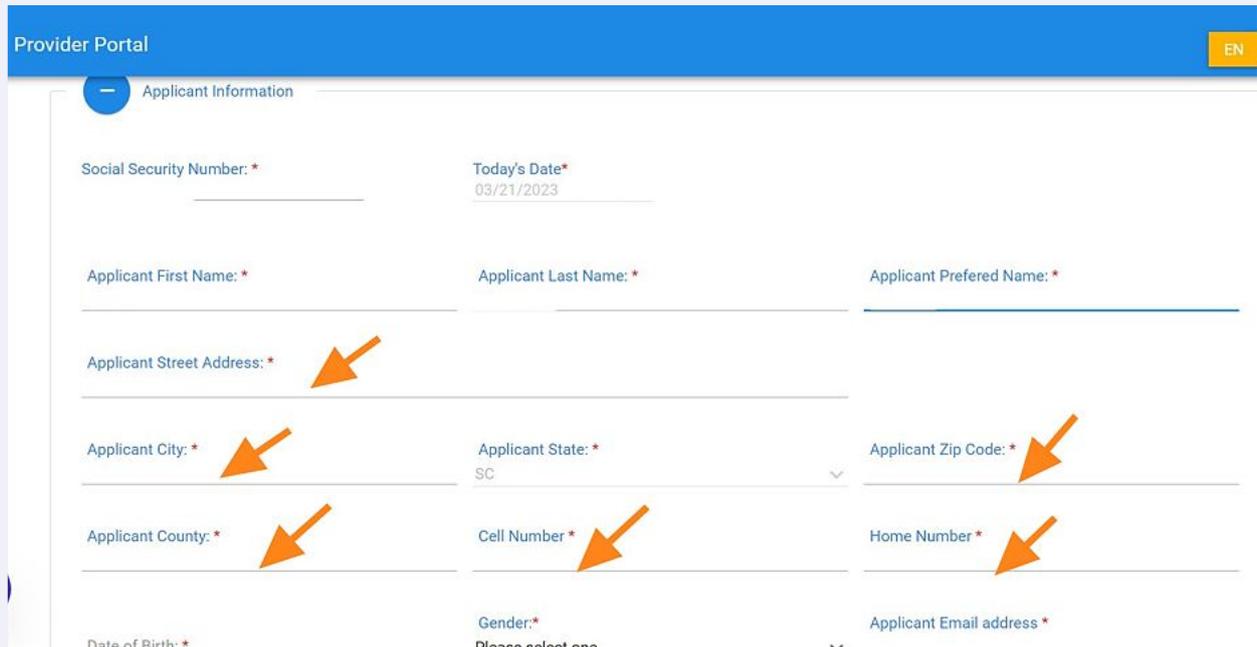
Applicant First Name: * _____ Applicant Last Name: * _____ Applicant Preferred Name: * _____

Applicant Street Address: * _____

Applicant City: * _____ Applicant State: * SC Applicant Zip Code: * _____

Applicant County: * _____ Cell Number * _____ Home Number * _____

Date of Birth: * _____ Gender: * Please select one Applicant Email address * _____



10 Input your Date of Birth (MM/DD/YYYY)

Provider Portal EN

Mickey Mouse Mickey

Applicant Street Address: * 25 Disney Lane

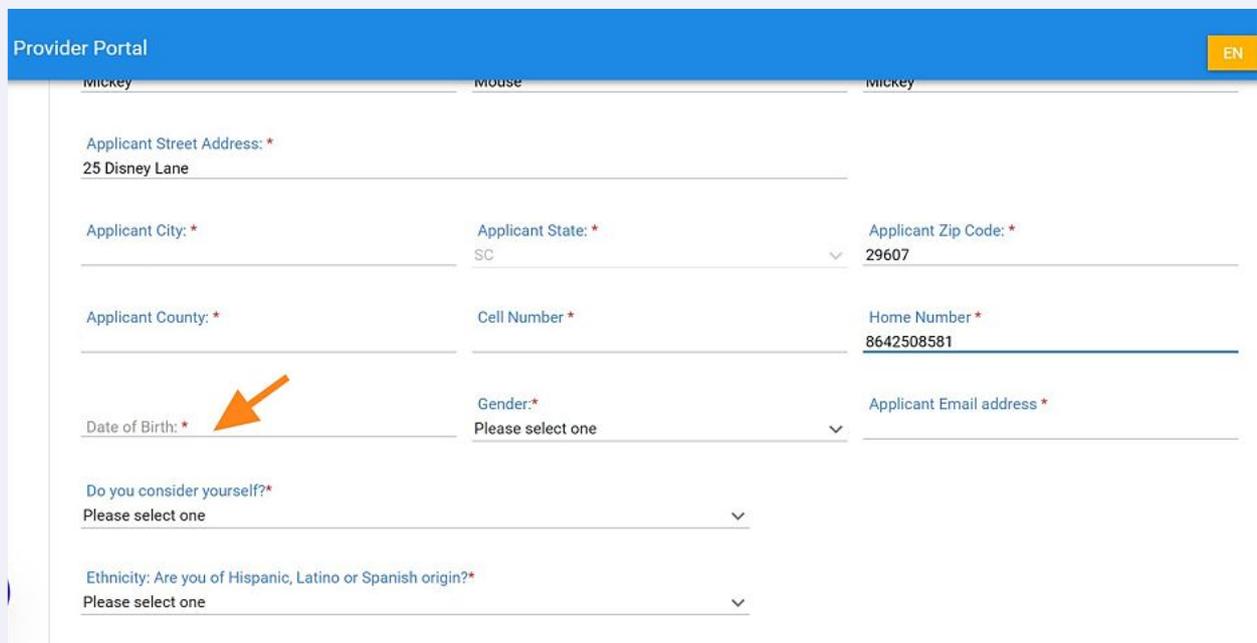
Applicant City: * _____ Applicant State: * SC Applicant Zip Code: * 29607

Applicant County: * _____ Cell Number * _____ Home Number * 8642508581

Date of Birth: * _____ Gender: * Please select one Applicant Email address * _____

Do you consider yourself? * Please select one

Ethnicity: Are you of Hispanic, Latino or Spanish origin? * Please select one



11 Select your gender

Provider Portal EN

Mickey mouse Mickey

Applicant Street Address: *
25 Disney Lane

Applicant City: *
Greenville

Applicant State: *
SC

Applicant Zip Code: *

Applicant County: *
Greenville

Cell Number *

Home Number *
1

Date of Birth: *
11/14/1965

Gender: *
Please select one

Applicant Email address *

Do you consider yourself? *
Please select one

Ethnicity: Are you of Hispanic, Latino or Spanish origin? *
Please select one

Female
Male
Non-Binary
Other

12 Enter your " Email Address"

Provider Portal EN

Mickey mouse Mickey

Applicant Street Address: *

Applicant State: *
SC

Applicant Zip Code: *
29607

Cell Number *
8642508581

Home Number *

Date of Birth: *
11/14/1965

Gender: *
Please select one

Applicant Email address *

Do you consider yourself? *
Please select one

Ethnicity: Are you of Hispanic, Latino or Spanish origin? *
Please select one

November 1965

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

13 Select your "Race"

Provider Portal EN

Applicant County: *	Cell Number *	Home Number *
Greenville	8642508581	8642508581
Date of Birth: *	Gender:*	Applicant Email address *
11/14/1965	Male	teachsc@dss.sc.gov
Do you consider yourself?*		
Please select one		
Black or African American		
White		
American Indian or Alaska Native		
Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian)		
Native Hawaiian or Pacific Islander (includes Samoan, Chamorro, or other Pacific Islander)		
How many people live in your household including yourself? *		

14 Select "Hispanic, Latino, or Spanish origin?"

Provider Portal EN

Applicant County: *	Cell Number *	Home Number *
Greenville	8642508581	8642508581
Date of Birth: *	Gender:*	Applicant Email address *
11/14/1965	Male	teachsc@dss.sc.gov
Do you consider yourself?*		
Black or African American		
Ethnicity: Are you of Hispanic, Latino or Spanish origin?*		
Please select one		
No		
Yes, (includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Spanish)		
How many people live in your household including yourself? *		

15 Select your "Family Structure"

Provider Portal EN

Applicant County: *
Greenville

Cell Number *
8642508581

Home Number *
8642508581

Date of Birth: *
11/14/1965

Gender: *
Male

Applicant Email address *
teachsc@dss.sc.gov

Do you consider yourself?*

Ethnicity: Are you of Hispanic, Latino or Spanish origin?*

Family Structure* 

Please select one

- Single, No children
- Married, No children
- Single Parent or Grandparent
- Married Parent or Grandparent

16 Input "How many people in live in your household"

Provider Portal EN

Ethnicity: Are you of Hispanic, Latino or Spanish origin?*

No

Family Structure*

Single, No children

How many people live in your household including yourself? * 

How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Scholarship Program?*

Please select one

What language(s) can you speak fluently?*

What is your preferred language?*

What is your current job title?*

Please select one

17

Select "How did you hear about the T.E.A.C.H. EARLY CHILDHOOD Scholarship Program?"

Applicant County * Cell Number * Home Number *

Date of Birth: * Gender* Please select one Applicant Email address *

Do you consider yourself?* Please select one

Ethnicity: Are you of Hispanic, Latino or Spanish origin?* Please select one

Family Structure* Please select one
Family Structure is required

How many people live in your household including yourself? *

How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Scholarship Program?* Please select one

- My Center Director
- Workshop
- Mailing
- Website
- College/University Staff

18

Enter "What language(s) can you speak fluently?"

Provider Portal EN

Family Structure*
Single, No children

How many people live in your household including yourself? *
1

How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Scholarship Program?*

What language(s) can you speak fluently?* What is your preferred language?*

What is your current job title?*
Please select one

19 Enter " What is your preferred language?"

Provider Portal EN

How many people live in your household including yourself? *

How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Scholarship Program?*

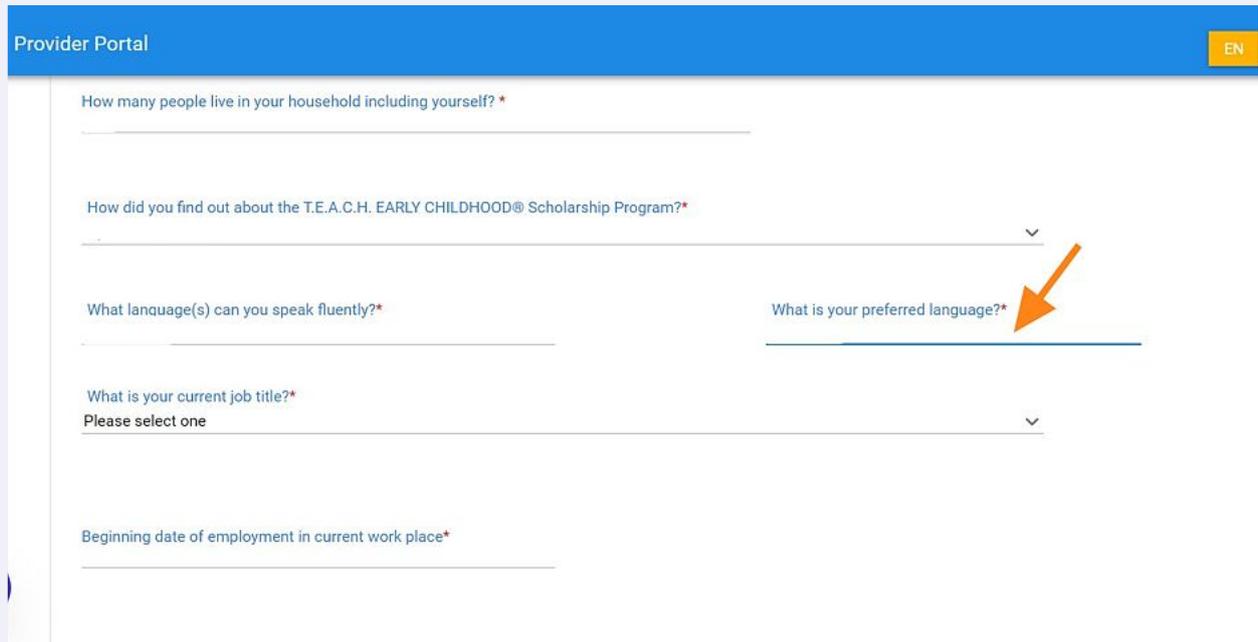
What language(s) can you speak fluently?*

What is your preferred language?*

What is your current job title?*

Please select one

Beginning date of employment in current work place*



20 Select " What is your current job title?"

Provider Portal

How many people live in your household including yourself? *

1

How did you find out about the T.E.A.C.H. EARLY CHILDHOOD® Scholarship Program?*

My Center Director

What language(s) can you speak fluently?*

What is your preferred language?*

What is your current job title?*

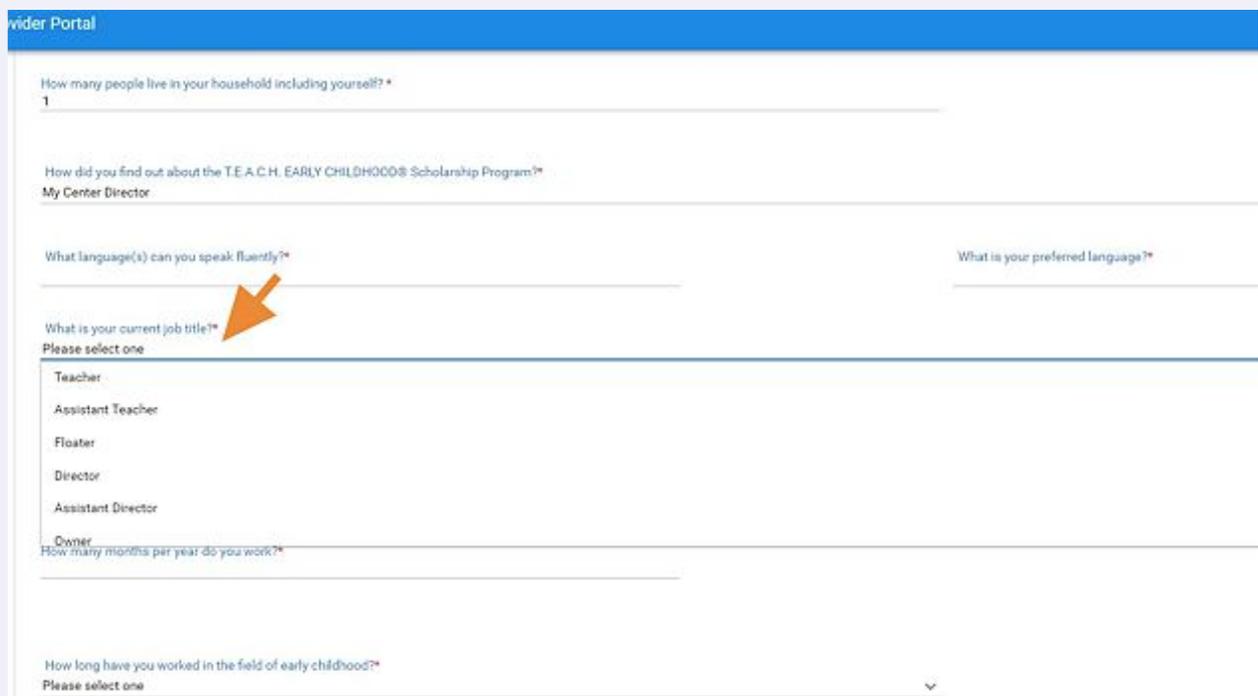
Please select one

- Teacher
- Assistant Teacher
- Floater
- Director
- Assistant Director
- Owner

How many months per year do you work?*

How long have you worked in the field of early childhood?*

Please select one



21 Enter " Beginning date of employment in current work place"

Provider Portal EN

What language(s) can you speak fluently?*
English

What is your preferred language?*English

What is your current job title?*Teacher

Beginning date of employment in current work place*
10/17/2022

October 2022

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

How many children are in your classroom or child care home?*

How long have you worked in the field of early childhood?*Please select one

What age group(s) do you teach? (Select ALL that apply)*
Choose

22 Enter " How many months per year do you work?"

Provider Portal EN

Beginning date of employment in current work place*

How many months per year do you work?*

How many children are in your classroom or child care home?*

How long have you worked in the field of early childhood?*Please select one

What age group(s) do you teach? (Select ALL that apply)*
Choose

Please list the names of the children/children/children attending*

23 Enter " How many children in your classroom or childcare home?"

Provider Portal EN

How many months per year do you work?*

How many children are in your classroom or child care home?*

How long have you worked in the field of early childhood?*

Please select one

What age group(s) do you teach? (Select ALL that apply)*

Choose

Please list the name of the college/university you plan on attending.*

Please select one

Are you currently enrolled at a technical/community college?*

24 Select " How long have you worked in the field of early childhood"

Provider Portal EN

How many months per year do you work?*

12

How many children are in your classroom or child care home?*

14

How long have you worked in the field of early childhood?*

Please select one

- Less than 2 years
- 2-5 years
- 6-10 years
- 10+ years

Please select one

Are you currently enrolled at a technical/community college?*

25 Select " What age group(s) do you teach.(Select all that apply)

Provider Portal

What age group(s) do you teach? (Select ALL that apply)*

Choose

- 0-11 months
- 1-yr olds
- 2-yr olds
- 3-yr olds
- 4-yr olds

How do you plan on attending? *

Community college? *

Scholarship to start? *

Please check the box that best describes your educational history: *

Please select one

Please check the one that best describes your educational goals: *

Please select one

Have you taken any college courses in the last two years?*

Yes No

Have you taken Early Childhood Education Courses in the past two years?*

Yes No

26 Select " The name of the college/university you plan to attend"

Provider Portal

EN

How many children are in your classroom or child care home?*

Aiken Technical College

Central Carolina Technical College

Denmark Technical College

Florence Darlington Technical College

Greenville Technical College

Horry Georgetown Technical College

Please select one

Are you currently enrolled at a technical/community college?*

Yes No

Which SEMESTER/YEAR would you like your scholarship to start? *

Please select one

Semester Year*

27 Select " Are you currently enrolled at a technical/community college?"

Provider Portal EN

What age group(s) do you teach? (Select ALL that apply)*

Please list the name of the college/university you plan on attending.*

Are you currently enrolled at a technical/community college?*

Yes No

Which SEMESTER/YEAR would you like your scholarship to start? * Semester Year*
Please select one _____

Please check the box that best describes your educational history: *
Please select one _____

Please check the one that best describes your educational goals: *
Please select one _____

28 Select " Which semester/year would you like your scholarship to start?"

Provider Portal EN

Are you currently enrolled at a technical/community college?*

Yes No

Which SEMESTER/YEAR would you like your scholarship to start? * Semester Year*
Please select one _____
Semester Year is required

Spring (January-May)
Summer (May and/or June-August)
Fall (August-December)

Please check the one that best describes your educational goals: *
Earn an Early Childhood Associate Degree _____

Have you taken any college courses in the last two years?*

Yes No

Have you taken Early Childhood Education Courses in the past two years?*

Yes No

29 Select " Educational History"

Please select one

Please check the box that best describes your educational history: *

Please select one

- No High School Diploma
- High School Diploma/GED
- High School Diploma and Credit(s) toward a 2-yr degree
- 1-year Certificate
- Associate Degree
- Bachelor Degree

Have you taken Early Childhood Education Courses in the past two years?*

Yes No

Did your parents or siblings attend college?*

Yes No

Do your parents or siblings have a college degree?*

Yes No

Which of the following credentials or specializations do you currently hold?*

Choose

30 Select" Educational Goals"

Provider Portal EN

Are you currently enrolled at a technical/community college?*

Yes No

Which SEMESTER/YEAR would you like your scholarship to start? * Semester Year*

Please select one

Please check the box that best describes your educational history: *

Please check the one that best describes your educational goals: *

Please select one

- Earn an Early Childhood Credential or School-Age Credential
- Earn an Early Childhood, Infant/Toddler, or School-Age Certificate
- Earn an Early Childhood Associate Degree
- Take a few Early Childhood courses to obtain or upgrade job-related skills
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor Degree

Did your parents or siblings attend college?*

Yes No

31 Select "Yes or No for the next four questions

Provider Portal EN

Please check the box that best describes your educational history: *

Associate Degree

Please check the one that best describes your educational goals: *

Earn an Early Childhood Associate Degree

Have you taken any college courses in the last two years?*

Yes No

Have you taken Early Childhood Education Courses in the past two years?*

Yes No

Did your parents or siblings attend college?*

Yes No

Do your parents or siblings have a college degree?*

Yes No

32 Select "Which of the following credentials or specializations do you currently hold?"

Provider Portal

Yes No

Which of the following credentials or specializations do you currently hold?*

Choose

CDA: Family Child Care Home

Specialization: Bilingual

SC Issued Credential

Post BA (state teaching license)

None/Not Applicable

(Only ONE)

As a Teacher or Director as an Employee, I am aware that I must pay 2.5% of the cost of tuition, fees and books.

As an Owner-Director, I am aware that I must pay 5% of the cost of tuition, fees and books.

As Family/Group Provider, I am aware that I must pay 5% of the cost of tuition, fees and books.

As an ECE Professional Support Staff, I am aware that I will be responsible for the terms outlined in the TE.A.C.H. contract.

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse. *

33 Enter "Supervisor email address and Center License or Registration Number"

Provider Portal EN

Have you taken any college courses in the last two years?*

Yes No

Have you taken Early Childhood Education Courses in the past two years?*

Yes No

Did your parents or siblings attend college?*

Yes No

Do your parents or siblings have a college degree?*

Yes No

Which of the following credentials or specializations do you currently hold?*

.....

Supervisor Email * 

DSS License/Registration Number/CC Number * 

34 Select "Applicant Agreement Statement that corresponds with your job tile"

Provider Portal EN

Which of the following credentials or specializations do you currently hold?*

.....

Supervisor Email * 

DSS License/Registration Number/CC Number *

Applicant Agreement Statement: (Check Only ONE) 

As a Teacher or Director as an Employee, I am aware that I must pay 2.5% of the cost of tuition, fees and books.

As an Owner-Director, I am aware that I must pay 5% of the cost of tuition, fees and books.

As Family/Group Provider, I am aware that I must pay 5% of the cost of tuition, fees and books.

As an ECE Professional Support Staff, I am aware that I will be responsible for the terms outlined in the T.E.A.C.H. contract.

35 Enter "First Name and Last Name"

Provider Portal EN

As a Teacher or Director as an Employee, I am aware that I must pay 2.5% of the cost of tuition, fees and books.

As an Owner-Director, I am aware that I must pay 5% of the cost of tuition, fees and books.

As Family/Group Provider, I am aware that I must pay 5% of the cost of tuition, fees and books.

As an ECE Professional Support Staff, I am aware that I will be responsible for the terms outlined in the T.E.A.C.H. contract.

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse.*

36 Enter " Email Address"

Provider Portal EN

As a Teacher or Director as an Employee, I am aware that I must pay 2.5% of the cost of tuition, fees and books.

As an Owner-Director, I am aware that I must pay 5% of the cost of tuition, fees and books.

As Family/Group Provider, I am aware that I must pay 5% of the cost of tuition, fees and books.

As an ECE Professional Support Staff, I am aware that I will be responsible for the terms outlined in the T.E.A.C.H. contract.

Signature First Name: * Signature Last Name: * Email Address: *

Mickey Mouse _____

Please sign in the space provided below by left clicking and moving your mouse.*

37 Sign application electronically

None/Not Applicable

CDA: Family Child Care Home

Specialization: Bilingual

SC Issued Credential

Post BA (state teaching license)

None/Not Applicable

(Only ONE)

As a Teacher or Director as an Employee, I am aware that I must pay 2.5% of the cost of tuition, fees and books.

As an Owner-Director, I am aware that I must pay 5% of the cost of tuition, fees and books.

As Family/Group Provider, I am aware that I must pay 5% of the cost of tuition, fees and books.

As an ECE Professional Support Staff, I am aware that I will be responsible for the terms outlined in the T.E.A.C.H. contract.

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse.*

Clear

38 Click "Submit"

Supervisor Email * DSS License/Registration Number/CC Number *

Applicant Agreement Statement: (Check Only ONE)

As a Teacher or Director as an Employee, I am aware that I must pay 2.5% of the cost of tuition, fees and books.

As an Owner-Director, I am aware that I must pay 5% of the cost of tuition, fees and books.

As Family/Group Provider, I am aware that I must pay 5% of the cost of tuition, fees and books.

As an ECE Professional Support Staff, I am aware that I will be responsible for the terms outlined in the T.E.A.C.H. contract.

Signature First Name: * Signature Last Name: * Email Address: *

Please sign in the space provided below by left clicking and moving your mouse.*

Clear

Submit



Alert! Please advise your center director or supervisor that they have 72 hours to complete their section of the application. The section link will become invalid after 72 hours. In the event that the link expires, a new application must be submitted.